

Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: RAPID GENERATION OF ACTIVATED
MONONUCLEAR ANTIGEN PRESENTING
CELLS FROM MONOCYTES
Attorney Docket Number:: 0508-1115
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: FILIPPO
Middle Name::
Family Name:: BELARDELLI
Name Suffix::
City of Residence:: ROMA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA FEDERICO OZANAM, 113
Address::
City of Mailing Address:: ROMA
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-00152

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: TIZIANA
Middle Name::
Family Name:: DI PUCCHIO
Name Suffix::
City of Residence:: ROMA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA DELLO SCALO PRENESTINO, 14
Address::
City of Mailing Address:: ROMA

State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-00159

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: STEFANO
Middle Name:: MARIA
Family Name:: SANTINI
Name Suffix::
City of Residence:: ROMA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA MARFORIO, 6
Address::
City of Mailing Address:: ROMA
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-00169

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: CATERINA
Middle Name::
Family Name:: LAPENTA
Name Suffix::
City of Residence:: FIRENZE
State or Province of
Residence::
Country of Residence:: ITALY

Street of Mailing VIA CAVOUR, 21 VIA A. MARCHETTI, 9

Address::

City of Mailing Address:: FIRENZE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-50129 50131

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: MARIANTONIA

Middle Name::

Family Name:: LOGOZZI

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA RICCARDO ZAMPIERI, 27

Address::

City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-00159

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: STEFANIA

Middle Name::

Family Name:: PARLATO

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA MASSIMILIANO DI PALOMBARA, 47

Address::

City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-00131

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/03922	4/15/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	02 290 994.9	4/19/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::